

Medical Policy



Bathroom Aids

The Bathroom Aids Policy is for **WellSense NH Medicaid (see ‘Special Coverage Information Per Plan’ box for specific medical criteria), Security Health Plan Medicare Advantage, and D-SNP members only**. This policy is **NOT** for use by Security Health Plan of Wisconsin Commercial, Self-funded or Family Health Center members and **NOT** for use by any other Commercial/Medicare Plans.

See “Special Coverage Information Per Plan” box below on which codes may be covered.

Description

Bathroom Aids are considered accessory equipment utilized in the bathroom for preventing potential health hazards or supporting the recovery of the member. This includes bathtub rails, bathtub chairs/stools, bathtub benches, bathtub transfer benches, shower/bath/bathroom systems, raised toilet seats and bathroom/toilet lifts.

Policy Guidelines

- Must be medically necessary for preventing potential health hazards or supporting the recovery of the member.
- It must be able to withstand long-term and repeated use.
- Must be of use in the bathroom of the member’s home.
- To be used for member’s’ bathroom needs only, not intended for use of others in the home.
- Member has a documented physical functional impairment or disability due to disease, trauma prior to therapeutic intervention and requires accommodation for basic activities of daily living (ADLs) that can be met by using the bathroom assist device.

Indications and Limitations of Coverage and/or Medical Appropriateness

- Member is unable to get in/out of the bath/shower independently and is unable to sit or stand in the bath/shower independently, with minimal assistance, or with full assistance.
- Member has unstable gait or weakness of muscles causing issues while in the bathroom,
- Member has demonstrated willingness and ability to use item(s).

Documentation Requirements

Medical Policy



Bathroom Aids

- Consult with physician to address items and current needs.
- Documentation to support that the items will meet the medical needs of individuals and that they have the means to use them alone, with minimal assistance, or full assistance as necessary (For SHP members) .A prescription from the prescribing physician, PA or NP with documentation that supports/addresses medical necessity.
- If requested item is for members under 18 years of age, documentation must address potential growth of items requested.

HCPCS Level II Codes and Description

E0240	Bath/shower chair, with or without wheels, any size (for WellSense NH Medicaid only)
E0241	Bathtub wall rail, each (for WellSense NH Medicaid only)
E0242	Bathtub rail, floor base (for WellSense NH Medicaid only)
E0243	Toilet rail, each (for WellSense NH Medicaid only)
E0244	Raised toilet seat
E0245	Tub stool or bench
E0246	Transfer tub rail attachment (for WellSense NH Medicaid only)
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening
E0625	Patient lift, bathroom or toilet, not otherwise classified (for WellSense NH Medicaid only)
E1399	Durable medical equipment, miscellaneous (for WellSense NH Medicaid members only). Refer to NH Medicaid box for details.

Important Note

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service

Medical Policy



Bathroom Aids

is covered, excluded, or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood’s Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member’s benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood’s policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Aetna: Bathroom and Toilet Equipment and Supplies
https://www.aetna.com/cpb/medical/data/400_499/0429.html
Last accessed and reviewed 11/6/2025.
2. WellSense Member Handbook.
3. [CG-DME-10 Durable Medical Equipment](#)
[CG-DME-25 Seat Lift Mechanisms](#)
Last accessed and reviewed 11/06/2025.

Special Coverage Information Per Plan

WellSense NH Medicaid members only	The Plan considers bathroom aids including shower/bath systems as medically necessary for all ages according to policy guidelines. The device must fit and be safely and effectively operated in the individual’s home, and no home modifications are required for the
---	---

Medical Policy



Bathroom Aids

	<p>same.</p> <p>Rehab shower commode chair</p> <p>1. Rehab shower commode chair</p> <p>Rehab shower commode chair is considered a medically necessary DME for members 12 months of age or older who require complex positioning during bathing and toileting, and where the bathroom allows practical use of a combined shower commode device, and when <i>all</i> of the following criteria are met:</p> <p>. Documentation to support that the items will meet the medical needs of individuals. Member has a documented medical condition which results in the need for supportive seating to enable safe and effective bathing, such as (not an all-inclusive list):</p> <p>a neurological disease (e.g., amyotrophic lateral sclerosis (ALS), cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, spinal cord injury causing neurologic deficits), an orthopedic condition (e.g., lower extremity amputation); <i>and</i></p> <p>a. Member is unable to stand for the duration of a shower or enter/exit the bathtub, needs support while sitting, or needs support for toileting; <i>and</i></p> <p>b. Member was seen for a face-to-face examination by their treating physician within 6 months of the Standard Written Order (SWO) documenting medical necessity; <i>and</i></p> <p>c. Member was seen for a specialty evaluation by an Occupational and/or Physical Therapist to determine the type of device that meets the member’s medical needs, is efficacious and safe for the member’s use, including during transfers on and off the device; <i>and</i></p> <p>d. A home assessment was completed by the Assistive Technology Professional (ATP) with written documentation that the home is accessible for the requested rehab shower commode</p>
--	--

Medical Policy



Bathroom Aids

	<p>chair; <i>and</i></p> <p>e. Member had a successful trial of the requested device and documentation to support that a lower cost system will not meet the needs of the individual.</p> <p>2. Seating and positioning components and accessories for rehab shower commode</p> <p>The following items are considered medically necessary when criteria are met and the clinical documentation provided includes medical justification for the item:</p> <p>a. Other accessories, including but not limited to, bath chair lateral supports, chest or pelvic straps, wedge, headrest, and/orommel, cushions when member requires additional support to maintain head, lateral thigh, knee, and lateral trunk in proper alignment or to maintain the member safely on the bath chair while bathing;</p> <p>b. A tilt/recline rehab shower commode chair when member meets all the criteria for a rehab shower commode chair (above) and meets <i>one</i> of the following criteria:</p> <p>Member has extensive weakness, contractures, or abnormal tone requiring full body support; <i>or</i></p> <p>Member requires total assistance for transfers and bathing; <i>or</i></p> <p>Member has a medical need that requires the tilted or reclined position when upright; <i>or</i></p> <p>Member requires pressure relief at all times when sitting (such as for prevention or treatment of pressure sores);</p> <p>c. Elevating leg rests when the member meets the criteria for a rehab shower commode chair (above) and meets <i>one</i> of the following criteria:</p>
--	--

Medical Policy



Bathroom Aids

	<p>Member has a musculoskeletal condition which prevents 90-degree flexion of the knee; <i>or</i></p> <p>Member meets medical necessity for the tilt/recline feature on the rehab shower commode chair;</p> <p>d. Extra wide/heavy duty devices may be appropriate for members who meet the above criteria and weigh more than 300 pounds;</p> <p>e. Rehab shower commode chair accessories and positioning components must contribute to the therapeutic function of the chair. Accessories primary for caregiver convenience are considered not medically necessary;</p> <p style="text-align: center;">3. Replacement criteria</p> <p>Replacement of any rehab shower commode chair must meet all relevant criteria for medical necessity (see above) and meets <i>one or more</i> of the following:</p> <p>a. When member has outgrown the device; <i>or</i></p> <p>b. When the device no longer meets the needs of the member; <i>or</i></p> <p>c. The device is no longer functional through normal wear and tear (expected to last at least 5 years) and replacement is not the result of misuse or abuse;</p> <p style="text-align: center;">4. Repair criteria</p> <p>Repairs or replacement of worn, torn, or broken existing parts or accessories are considered medically necessary when needed to make the rehab shower commode chair serviceable and operational. Repair is considered only for member-owned equipment</p> <p>a. Repairs for authorized rehab shower commode chair is considered medically necessary when <i>all</i> of the following are met:</p>
--	--

Medical Policy



Bathroom Aids

	<p>Repairs are not the result of misuse or abuse; <i>and</i></p> <p>Repair cost is less than replacement;</p> <p>b. Documentation requirements</p> <p>Age, make and model, date and who purchased the rehab shower commode chair being repaired, cost of repairs versus replacement (if applicable)</p> <p>List of all accessories or part including description of repair and explanation/justification.</p> <p>Note: One piece of equipment is considered medically necessary when criteria are met (above); however, second items are considered a convenience item.</p> <p>Not Medically Necessary</p> <p>Northwood considers any device that requires home modification as not medically necessary.</p> <p>Miscellaneous Codes:</p> <p>For use of an unlisted code: documentation should establish that the member meets the medical necessity criteria and includes the name of the item, description, the manufacturer, product number, with the letter of medical necessity including <i>both</i> of the following:</p> <p>A description of the features of the E1399 equipment not available with standard equipment and accessories (E0240 for any size bath/shower chair, whether it has wheels or not; E0245 (tub stool or bench), E0246 (transfer tub rail attachment), and E0247/E0248 (transfer benches)); <i>and</i></p> <p>A description of the functional limitations and underlying medical condition of the member which require the use of those features.</p> <p>Medical Necessity Criteria:</p>
--	--

Medical Policy



Bathroom Aids

	<p>Bathroom lift, transfer bench and tub/toilet rail are considered medically necessary if member is unable to transfer to and from tub</p> <p>Bath/shower chair, tub stool and tub bench are considered medically necessary if member is unable to bathe or shower without being seated.</p> <p>Raised toilet seats and toilet seat lifts are considered medically necessary for members who are unable to rise from a toilet seat without assistance.</p>
--	---

Security Health Plan Medicare Advantage and D-SNP members only	The Plan considers E0245, E0247, E0248 as medically necessary according to policy guidelines.
---	---

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date
A	6-2-20	Initial release.	Carol Dimech	Dr. Cheryl Lerchin	n/a	6-2-20
1	11-5-20	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-5-20	11-5-20
2	11-5-21	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-5-21	11-5-21
3	11-12-21	Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	11-12-21	11-12-21
4	11-2-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-2-22	11-2-22
5	3-21-23	Added clarification stating this policy is	Carol Dimech	Dr. C. Lerchin	3-21-23	3-21-23

Medical Policy



Bathroom Aids

		for certain SHP lines of business only – see box on page 1.				
6	11-1-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-1-23	11-1-23
7	11-4-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-4-24	11-4-24
8	8/26/2025	Added WellSense NH Medicaid guidelines and Special Coverage Information Per Plan box. Added HCPCs E0240, E0241, E0242, E0243, E0244, E0246, E0625, E1399 to codes and description section. Added references – Cigna and Anthem BCBS.	Susan Kazmierski/Carol Dimech/Susan Glomb	Dr. C Lerchin	8/26/2025	8/26/2025
9	11-6-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	11-6-25	11-6-25